

Contract # CS170042003

Vendor Number: 13421808001/MB00099548

Vendor Name: Faith Maternity Care

Vendor Address: 1900 Lake Dr

Fulton, MO 65251

Bill To: Office of Administration

Commissioner's Office

201 W. Capitol Ave, Room 125

Jefferson City, MO 65101

Invoice Number: 2012017

Invoice Date: 2/1/2017

Service Period: Feb-17

| <u>Total Contracted Allocation</u> | <u>Prior Invoiced Total</u> | <u>Monthly Award Amount</u> |
|--|-------------------------------------|-------------------------------------|
|--|-------------------------------------|-------------------------------------|

| | | |
|--------------|------|-------------|
| \$ 37,029.17 | \$ - | \$ 7,405.83 |
|--------------|------|-------------|

Quarterly expenditure adjustment: \$ -

Total Due: \$ 7,405.83

Allocation Remaining \$ 29,623.34

Signature: _____

